STATE OF MARYLAND—CERTIFICATE OF DEATH 325 state 1. PLACE OF DEATH should Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME intead of street and number) Length of residence in city or town where death occurred mos. 13 ds. How long In U.S. if of foreign birth? PHYSICIA U.S. Veteran specify WAR Ward. If nonresident give city or town and State PERSONAL AND STANSTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLORS OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) BINDING 5a. If married, widowed, or divorced HUSBAND of CERTIFY, That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properl Years 7. AGE Months to have occurred on the date stated above, at 2 1 m.m. Davs If LESS than 1 day, hrs. or____min. Date of onset 8. Trada, profession, or particular RGIN RESERVED kind of work done, as SPINNER. jo SAWYER, BOOKKEEPER, atc. may back 9. Industry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... instructions 12. BIRTHPLACE (city or town) ____ (State or country) supplied FATHER 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_5 important. 23. If death was dua to axternal causes (VIOL ENCE) fill in also the following: MOT DEATH Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town) (State or country Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation NOIL Nature of injury 24. Was diseasa or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED 5 Registrar. (Address) _____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - LIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 6 1935	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: 8.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

03	0	p-	4.3
1)	4	0	2

that County	Registration Dist, No. 290
iston md.	No. Omergin cy Hos pital St., Ward death occurred in a horpital or institution, give its NAM instead of street and number)
town where death occurradyrs,mos.	ds. How long in U.S. if of foreign birth?yrsds.
o Named traky at	U. If U.S. Veteran epecify WAR.
Knowl Cak Md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) 193 (Yaar)
	22. HEREBY CERTIFY That I attended deceased from
100 1 251221	Hast saw h WW aliva on WAN: 25 19 30 death is said
Months Days If LESS than	and the said
Months Days If LESS than 1 day, or_45_min.	to have occurred on the date stated above, at
ilar PINNER,	The state of the s
etcch	Sevalurity (5 months) 4 W/16
MILL,	
at 11. Total time (years) nd spant in this occupation	
Royal Oak lud.	Other Cantributary Causes of importance:
Ratwill >	
Washington D.C.	Name of operation Date of Was there an aulopsy?
lary Miller.	23. If daath was due to externat causes (VIOL ENCE) fill In also the following:
Washington (Accident, suicide, or homicide? Date of Injury, 19
Cot	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
esta	••••••••••••••••••
VAL	Manner of injury
ospital Data Mar. 36, 1936	Nature of injury
Land Hospital	24. Was disaase or injury In application of daceased?
3.6 M. W. Meliera. Registrar.	(Signed) M. D. (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	and a	Example II	
The principal cause of importance were.	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 6 1936	July 5, 1927	Perilonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 325	2
1. PLACE OF DEATH	(23)	*
County Talbat	Registration Dist. No. 24w	/
Village or City Mr. Trappe	No	Ward
	death occurred in a hospital or institution, give its NAME instead of street and no name and no hospital or institution, give its NAME instead of street and no name and name in U.S. if of foreign birth?	
2. FULL NAME Edward Banks	H.U.S. Yeteran specify WAR	
(a) Residence: No. Irakse Ind.	St., Ward,	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	2014
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Colored married Married	21. DATE OF DEATH Jarch 5 (Month) (Day)	f93 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended d	
(or) WIFE of anne Brown	Dec, 12, 1935, 10 March 3	1936
6. DATE OF BIRTH (month, day, end year) (pril 5, 1873	Hast saw him alive on March 3, 1936	; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, at	
62 or min.	were es follows	Date of onset
8. Trade, p. ofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pullmonally Juster Colosio	2/20/3
9. Industry or business in which work was done, es SILK MILL,	***************************************	
SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (mgnth and year)		
Mr. m.	Other Contributory Canses of Importance	, ,
(State or country)	Elironic Myocarditis	12/12/3
13. NAME albert Johnson		
f 4. BIRTHPLACE (city or town) Salekee	Name of operation Dete of	
(State or country)	What test confirmed diagnosis? Wes there an au	ı'opsy?
15. MAIOEN NAME Emaline Banks	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:	
16. BIRTHPLACE (city or town)	Accident, suicido, or homicide? Date of Injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Unril Bank (Address) Trankle Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ĆE.
f8. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Mr. Irakkl Dete Mar. 7, 1936	Nature of Injury	
19. UNDERTAKER Mannice E. Newnamy Son	24. Wes disease or injury in any way related to occupation of deceased?	20
20. FILED Nel S. 19.36 Joseph Com	(Signed) Adeformed J. Mills (Address)	M. D.
1./2	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 7 1030			
Other contributory causes of importance: V		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	- support	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI
--

STATE OF MARYLAND-CERTIFICATE infor-OCCUPA 1. PLACE OF DEATH pluods County Registration Dist No item (If death occurred in a hospital or institution, give its NAME instead of street and number) on where death occurre How long in U.S. if of foreign birth? vrs. mos. ds. statement PHYSICIAN of U.S. Veteran specify WAR..... (a) Residence: No. Ward (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX A COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) PERMANENT (Month) (Day) (Year) BINDING 5a. If married, widowed, or diverced HUSBAND of 22. HEREBY FRTIFY. That I attended deceased from (or) WIFE of 10 国 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Months Days If LESS than to have occurred on the date stated above at 1 day. ---- hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____ min. Date of onset. Trade, profession, or particular THIS kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc back may Industry or business in which pluods work was done, as SILK MILL. SAW MILL, BANK, etc TO. Date deceased last worked at On 11. Total time (years) this occupation (month and spent In this that instructions Other Contributory Causes of Importance: RGIN 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? Was there an autopsy?____ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______ 19_ 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?_. pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT plnods (Address) OF 18. BURIAL CREMATION OR REMOVE Manner of injury Nature of injury__ LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKE V. S. No. If so, specify (Signed). 20. FILED's (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

xample I		Example II	7
ows CEIVE	Date of onset	of importance were as follows:	Date of onset
ADD 6 1936	1921	Run over by street car	1 week ago
ALIT G	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	AFR 9	ath and related causes Date of onset ows ECEIVE D 1915 APR 6 1936 1921 July 5, 1927 BURFAU V. S.	The principal cause of death and related causes of importance were as follows: Attack of epilepsy APR 6 1936 1921 Run over by street car July 5,1927 Peritonitis Of importance: Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

RGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Land to the same of the same o			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County JALGOT Registration Dist. No. Village or City EASTON MD (If death occurred in a hospital or institution, give its NAME instead of street and number) GIANS Margth of residence in city or town where death occurred ______yrs_____mos. ds. How long in U.S. it of foreign birth? COPP.EY PHYSI (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Sinale (Oav) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of That I attended deceased from death is said 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Yoars Months Days II LESS than to have occurred on the date stated above, 21 l day, 11 01---min. rada, profession, or particular kind of work dong, as SPINNER, SAWYER, BOOKKEEPER, etc. may Industry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, atc.... 10. Oato deceased last worked at 11. Total time (yaars)
spent in this this occupation (month and that year) _____ occupation. ructions 12. BIRTHPLACE (city or town) ... (State or country) supplied FATHER 13. NAME 14. BIRTHPLACE (city or town plain (State or country) What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide?. DEATH 16. BIRTHPLACE (city or town (State or country) Where did Injury occur? should be (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. OF (Address) 18. BURIAL CREMATION, OR REMOVAL Mannar of injur-CAUSE Nature of injury TION 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

RGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

I	Example I	71	Example II	
The principal cause of leath and related causes. Total of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	0 1936	1015	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AFR	1921	Run over by street car	1 week ago
Cerebral hemorrhage	WEATLY.	July 5 1927	Peritonitis	3 days ago
	The second second			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MA	RYLAND-	CERTIFICATE OF	DEATH 3	250
1. PLACE OF DEATH		82-0	X.	00
County Laked		Re	egistration Dist. No.	93,
Village or City Zuear / Mullin	aun.	No	St.,	Ward
Length of residence in city of town where death occurred.		death occurred in a hospital or institution, given ds. How long in U.S. if of foreign		
1,16	11.			
2. FULL NAME	you	If U.S. Veteran specify WAI	Χ	
(a) Residence: No.	lace of abode)	est, Ward.	nonresident give city or town an	d State
PERSONAL AND STATISTICAL PAR	RTICULARS	MEDICAL CERTI	FICATE OF DEATH	
OR DIVO	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH	L II	6 (Year)
ia. If married, widowed, or divorced HUSBANO of (or) WIFE of MANY DATE OF BIRTH (month, day, and year) 1864	s Griffe	22. I HEREBY CE	ERTIFY, That I attended, to more [19]	deceased from
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above	e, at. \$ 1.m.	
12 unknown	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and were as follows:	related causes of importance	10.1
8. Trade, profession, or particular	0	Le Para	Versis.	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	avarau	partie to P	Sobral	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		hermon	refoll	
	tal time (years)		0	
this occupetion (month end	tal time (years) spent in this occupation			
		Other Coatributory Canses of importance	:	
(State or country)	ud.			
13. NAME wat freque	~			
14. BIRTHPLACE (city or town)	Inknown	Name of operation	Date of	
(State or country)	A.	What test confirmed diagnosis?		aulonsy?
15. MAIDEN NAME FEARIL TO	Him	23. If death was due to external causes (V		
15. MAIOEN NAME & Calil Training 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?		•
(State or country) Zung Kur	il	Where did Injury occur?	****************	
17. INFORMANT ala Drelli (Address)	V V	(S _I Specify whether injury occurred In INDU	pecify city or town, county and St ISTRY, in HOME, or In PUBLIC P	ate) PLACE.
18. BURIAL, CHEMATION, OR REMOVAL	suu.	Manner of injury		
Plankring From Dato 1	W.2 13	Nature of injury		
19. UNDERTAKER J. Wingil To	nom	24. Was disease or injury in any way rela	ited to occupation of deceased?	
(Address)	clan zug	If so, specify (Signed)	ROKE AX	M.
20. FILEO 3 4 1 8 4 19 36 4 4 24	Registrar.	(Address)A		1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: APR 2 1936 Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephralis BUREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Shawler minest

V. S. No. 1

1. PLACE OF DEATH	(87.9) X	
County Valbot	Registration Dist. No. 2.21	
Village or City Clailorna	No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number	_Ward
Length of residence in city or town where deeth occurred	mosds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Louis Hartwig	V	
(a) Residence: No. Clarborne (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
sex 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	Messele 2/ 19st	_
If married, widowed, or divorced HUSBAND of	(Month) (Oay)	feer)
(or) WIFE of Man about Hartuin	22. I HEREBY CERIFY, Thet I ettended decees	sed from
	- acy 7 9 , 1935 , 10 20 27 , 1	936
DATE OF BIRTH (month, day, and year) March 95 /846 AGE Years Months Days If IESS that		th is said
AGE Years Months Days If LESS that		
ormin.	were es follows:	ofonset
8. Trade, profession, or perticular kind of work done, as SPINNER Petired showmakes	chebral devortinge 7	24/3
9 Industry or husiness in which	replaced: 3/	243
work wes done, es SILK MILL, SAW MILL, BANK, etc		
10. Dete deceased lest worked at this occupetion (month and 1916 spent in this occupetion occupetion		
this occupation (month and /9/6 spent in this 50 occupation 50	Other Contributory Causes of importance	
BIRTHPLACE (city or town) Jermany	If y perteres 3	314
(State or country)	_ 00 //	0
13. NAME WITHOUN		*****
f4. BIRTHPLACE (city or town) Linkhoun	Name of operation	
(State or country)	What test confirmed diegnosis?	r
15. MAIDEN NAME Unknown	23. If deeth wes due to externel causes (VIOLENCE) fill In elso the following:	
f6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oete of injury	9
The state of the s	Where did injury occur? (Specify city or town, county and State)	
(Address) A Claibonna	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
BURIAL, CREMATION, OR REMOVAL		
Place Baltimore Ind Date Mar, 23, 193	Manner of injury	
UNDERTAKEN Thuram & Harrison (Address) At Michaels md.	24. Was diseese or injury in any way-releted to occupetion of deceesed?)
(Mulicas) Mr. Muchanica Mig.	If so, specify	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis APR 6 1936	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 5. Every item of infor-Exact statement of OGEUPA-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECE CAUSE OF DEATH in plain terms, so that it may be properly classified. RGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3200
1. PLACE OF DEATH	1 Dr Roll
County Taltot	Registration Dist. No.
Village or City The Loston In	No. Oction 11 St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?
2. FULL NAME Sallie P Leave	If U.S. Veteran specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (prite the word)	21. DATE OF DEATH (Month) (Deft) (Year)
5a. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of Those & Decorre	22. I HEREBY CERTIFY, That I attended deceased from 2-47, 1936, to 3-(2-, 1936)
6. DATE OF BIRTH (month, day, and year) 8/13/5-2	I last saw h
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, at
83 9 4 Indiana.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	artining le completions
4 1/9. Industry or business in which	Chromie Enteratite 1 Nelle The stars (?)
work was dona, es SILK MILL, SAW MILL, BANK, etc.	
10. Date dacaased last worked at this occupation (month and spant in this	
year) occupation	Other Contributary Causes of importanca:
12. BIRTHPLASE (city or town) (State or country)	
I /	" more
State or country)	Name of operation Date of What test confirmed diagnosis? Was thar an autopsy?
# 15. MAIDEN NAME Affect / Seed	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (State or country)	Whare did injury occur?
17. INFORMANT A LANGE CONTRACTOR (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Systan Med Date 3/19, 1936	Nature of injury
19. UNDERTAKER CLEMAN Of Dekanner	24. Wes disaase or injury in eny way related to occupation of decaased? 200
(Address) Saston Mind	If so, specify
20. FILED 3/18, 1936 7-44. News	(Signed) M. D.
Registrar.	(Address) Saston hod

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related confirmmentance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis RECEIV	ED 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APR 6 193	6 July 5, 1927	Peritonitis	3 days ago	
BUREAU V.	5.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

D. Every item of infor-

Exact statement of OCCUPA-

V. S. No. 1

STATE	OF	MARYL	AND-	-CERTIF	CATE	OF	DEATH	326
-------	----	-------	------	---------	------	----	-------	-----

1. PLACE OF DEATH	0001
County Talkot Toouni	Registration Dist. Np. 290
Village or City Caston Tu WITHIN CORP	No. Comeraques Hospital & Ward
	f death occurred in a horpidal or institution, give its NAWE instead of street and number) 3. ds. How long in U.S. if of foreign birth?
On Think of the same of the sa	05×-
(a) Residence: No. WReston- (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Solver	21. DATE OF DEATH March (Month) (Day) (Yeer)
HUSBAND of Elizabeth Marden	22. I HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, dey, and year)	Hest saw h. i.m. elive on March 18 , 19.36; deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, et1,5.8.4.m.
66 al 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER,	
SAWYER, BOOKKEEPER, etc	menonia Lobar Rt 2 makes
work was done, as SILK MILL, SAW MILL, BANK, etc.	Braveles melletas 5490
10. Date deceased lest worked at this occupation (mouth and year) 1. Total time (years) spart in this year) 1. 1. 36	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Color (Stete or country)	
# 13. NAME TOURS WORLD	
13. NAME (Neme of operation Date of
(Stete or country)	What test confirmed diegnosis? Climacel Wes there en au'opsy? Ino
15. MAIDEN NAME CHIA Tilaluna	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME (LILLA) I L'ALLA (Stete or country)	Accident, suicide, or homicide?
- I (Stelle of Coultry)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury
Place to dual of rung Ad Date 1936	Neture of injury.
19. UNDERTAKER / Framptin Son (Address) Locker all loves miles	24. Wes disease or injury in eny way releted to occupetion of deceesed?
2/14 21 N XI V	If so, specify
20. FILED Sff. 8, 1956 / J. J. J. Registrar.	(Address) Saota 2nd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes 61/19 portance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	and the same of th		

infor-	state	UPA-	
item of	plnous	of OCC	1
. Every	ICIANS	tement	1
REComp	PHYS	xact sta	
NENT	CTLY.	sified. E	
PERMA	EXA	rly class	sate.
IS A	state	prope	ertific
S	4)	4)	Ö
-THIS	uld be	lay be	ack of c
INK-THIS	E should be	it it may be	on back of c
DING INK-THIS	AGE should be	so that it may be	ctions on back of c
UNFADING INK-THIS	supplied. AGE should be	terms, so that it may be	ee instructions on back of co
WITH UNFADING INK-THIS	fully supplied. AGE should be	n plain terms, so that it may be	nt. See instructions on back of c
INLY, WITH UNFADING INK-THIS	be carefully supplied. AGE should be	SATH in plain terms, so that it may be	important. See instructions on back of c
TRIJE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	thou should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	NISE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ON is very important. See instructions on back of certificate.

1. PLACE OF DEATH	SERVINIONTE OF BEATTY 13262
9 16	Registration Dist. No. 294
County Village or City	
64 7	NDWa If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidenca in city or town where death occurred D_0_yrsmo	s/Q_ds. How long in U.S.if of foreign birth?yrs,mos
2. FULL NAME CAME OMESINE	Charles y
(a) Residence: ND. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 297, 1936 (Month) (Day), (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fr
6. DATE OF BIRTH (month, day, and year) Que 14-1869	I last saw h_ LV aliva on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12. m.
68 9 13 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	To the state of th
	- Universal 1939
9. Industry or business in which work was done, as SILK MILL, Curv hour	
SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and spent in this spent in the spent in this spent in the spent in this spent in this spent in the spent in this spent in the spent in this spent in the spent i	
year) occupation	DU 0 844 0 PM
12. BIRTHPLACE (city or town) Q A A - A	Dther Contributory Causes Drimportanca: 1935
(State or country)	- Cardiae Mylowborno mel 24/192
13. NAME Clerander Bourdle Kentram	
14. BIRTHPLACE (city or town) 9	Name of operation Data of
(Stata or country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME many durabelle tract	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME MANY CLIMBBLE THE LETTER OF COUNTRY OF	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT MA M Summers (Address)	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Data Met 19 19 24	Natura of injury
19. UNDERTAKER Maurice & Newyawi Town (Address)	24. Was disease or injury in any way ralated to occupation of daceased? 260
20, FILED met 17, 1936 Josepha Registrar.	(Signed) 8 CM CM COS M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	1.5	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PHREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	7 to 7	STATE OF MARYLAND-	-CERTIFICATE OF DEATH
MA	state UPA-	1. PLACE OF DEATH	3263
IAI		County Lullo	Registration Dist. No. 290
	== \	Village pocity Cartine med.	No. St, Ward
	y ite S sl t of	Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) 10s. ds. How long In U.S. it of foreign birth?
	La Miles	2. FULL NAME Marria Spellm	an/
,	D. E. SICI taten	(a) Residence: No.	St., Ward.
-	> v	(Usuatplace of abode)	If nonresident give city or town and State
	RE. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	L K	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March 23
Ď	T L ed.	5a. If marriad, wildowed, or divorced	(Month) (Day) (Year)
BINDIN	AN C Ssi6	HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, They I attended deceesed from
Z	CX.	1021-13.10	19.5 to 12.5 19.5
1100	PE Erly	6. DATE OF BIRTH (month, day, and year) 733 027 3	to heve occurred on the data stated above, at
FOR	IS A PE stated E properly certificate	3 20 1 dey, h	
F	sts str pr	8. Trade profession or perticular	Date of one
ED	HIS pe	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7//
RV	K—T hould may back	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BÄNK, etc	
RESERVED	Z z t	work wes done, as SILK MILL, SAW MILL, BANK, etc	
RE		year) occupation	Other Contributory Causes of Importance:
Z	NFADING plied. AGI erms, so tha	12. BIRTHPLACE (city or town) Cualify (State or country)	
RGIN	FA] lied. ms, stru		
3	D E T	= // // // // //	Name of operation Oate of
À		14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?
	WITH refully in plai	15. MAIDEN NAME anna mouse	23. If death was due to external causes (VIOL ENCE) fill in also the following:
		15. MAIDEN NAME CONTROL TO TOWN 16. BIRTHPLACE (city or town)	Accident, sulctde, or homicide? Date of injury, 19
	id he car DEATH y import	(State or country) M. Caroline	Where did Injury occur? (Specify city or town, county and State)
	ADD	17. INFORMANT Jaguell Soulyman	Specify whether injury occurred in tNOUSTRY, in HOME, or in PUBLIC PLACE.
	F-3 (0)	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	on s	Place Quality md Date March 2319x3	Nature of injury
F	Whirth mation s CAUSE TION is	19. UNDERTAKER CILL W Hafford	24. Was disease or Injury in any way related to occupetion of deceased?
No.	9	(Address) Castin for	If so, spacify The first was the space of the state of the space of th
5. 503	z (T)	20. FILED 3/23 , 1936 7-41 News	(Signed) Address M. M.
		Kegistrat.	(Address) ff Lusion, my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
.9			

D. Every item of infor-

STATE OF	MARYLAND	-CERTIFICATE	OF	DEATH
----------	----------	--------------	----	-------

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3264
1. PLACE OF DEATH	101-all x
County Talbot	Registration Dist. No. 291
Village or City St. Muchaels	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
The state of the s	death occurred the a normal of institution, give its IVAIVIE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Letty etta q. M. Swanksus	
(a) Residence: No.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 5, 193 6 (Month) (Day) (Year)
(or) WIFE of Wm H. Swandaw	22. I HEREBY CERTIFY, That I attended deceased from
0 ~ 1000	March 3, 1936, to 1/101 5, 1936
6. DATE OF BIRTH (month, day, and year) Days If LESS than	I last saw h
75 2 6 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
nin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Housework SAWYER, BOOKKEPER, etc.	0 1
O to	Coronary Unombosel mais
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Sermany	Other Contributory Causes of Importance:
(State or country)	Tractured hit; could be Jan 4
13. NAME Nuknow	on assidental falls cuts of
13. NAME My My Market 14. BIRTHPLACE (city or town) My	Name of operation
	What test confirmed diagnosis? Wes there an au'opsy?
Ξ , , , , ,	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident Date of Injury 19
O 16. BIRTHPLACE (city or town)	Where did Injury occur?
17. INFORMANT Me Fletcher Frairback (Address)	(Specify city or lown, county and Stale) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE S.F. Michaels Date May 8, 1936	Hanner of injury Clara La +1 + 1
19. UNDERTAKER Newmann & Harrison	24. Was disease or injury in eny wey related to occupation of deceased? No
(Address) St. mychaels mu	If so, specify Afolice
20. FILED Meh 7 , 1936 John Howald Registrar.	(Signed) S. Y. Mischaels M.D.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
1000	8/		
Other contributory causes of importance:	/	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year
144			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ţi	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neplicities	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 6 1938	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE I	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
--------------------	-------------	------------	----	-----------

1	A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	infor- state UPA-	1. PLACE OF DEATH	0 20
9)		county lalbol Co Emerc	aexec Hosp Registration Dist. No. 290
	8.8	Village of City & aslon, md	No. St., Ward
	S si of	ATB MINIT	death occurred in a horpital or institution, give its NAME instead of street and number)
WI	· 图像		
	PHYSICIAL	2. FULL NAME TO SOUL YELL THE	Mallia U.S. Veteran specify WAR.
-	YS	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PH PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	RE Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5
rk	L'Y	remale while stule	(Month) (Day) (Yeer)
N	RMANEN X A C T I classified.	married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I attended deceased from
Ē	A O assi	(or) WIFE of	2. THEREBY CERTIFY, Inet lattended deceased from
BINDIN		6. DATE OF BIRTH (month, day, and year) March 25, 193!	I lest sew h. M. alive on Plus 19 : deeth is said
	A	7. AGE Years Months Days If LESS then	to have occurred on the date stated above, et 9.30. p. m.
OR	IS A I stated properlertifica	3 - 25.36 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and relate causes of Importance
H	S I	8. Trede, profession, or particular	Date of onset
日日	HIS pe	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	17 70,0
RV	ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	of Cell from
RESERVED	INK. she she t it r	10. Date deceased last worked at 11. Total time (years)	
贸		this occupation (month and spent in this occupation	
	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) & aston md	Dther Contributory Causes of Importance:
RGIN	AD ed.	(State or country)	
(R	UNFA supplied n terms, ee instri	# 13. NAME MY fred Tray	
	10 E 4 "	14. BIRTHPLACE (city or town) Cardu Da, ma	Name of operation Date of
	FEE	(State of country)	What test confirmed diagnosis? Was there an au'opsy?
	PLAXAY, WITH tould be carefully OF DEATH in play very important.	# 15. MAIDEN NAME Sternes Sterner	23. If death was due to externel causes (VIDLENCE) fill in also the following:
	orts	5 16. BIRTHPLACE (city or town) O. TWI & DUYA Par	Accident, suicide, or homicide? Date of Injury, 19
	id be car DEATH y import	(State or country)	Where did Injury occur?(Specify city or town, county and State)
	DIE U.	17. INFORMANT THEA STITUTE	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
		(Address) (addia, Ind.	Manage of Injury
	2 G . A	Place Emerg. Hospital Date March 25, 1936	Manner of Injury
	-WRITE mation s CAUSE TION is	Sunday Hasaital	
0. 1	HCH L	19. UNDERTAKER WILL GULLEY TOSP TAL	24. Was disease or injury in eny way related to occupation of decaased?
Zi vi	m m	2/20/20/20	(Signed) Children Menus M. I.
>	Z	20. FILED 3/2.5 , 1936 1 J4 / // Registrar.	(Ardress) GA
		If more blanks are needed, address State Registrar,	24 N. Charles Street, Balimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	li li	Example II	-
The principal cause of importance were a	of death and related causes s follows:	1	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 3 20 8 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	Aritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory c	auscs of importance:	no.	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

21001	HOWAL DI AO	J TOR TORIN	DIC BITTERIES	NIS DI THISI		
				1		
None and the second					H142-11	

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3267	
1. PLACE OF DEATH	(e)P) 2 P	
County Tallot	Registration Dist. No. 290	
Village or City Gaslan	No Comergency Hospital St.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number)	ds.
FULL NAME // JEST VELEN VENTR	If U.S. Veteran specify WAR.	Par 0 0 0 0 0 0 0
(a) Residence: No. / Yendenson Marylan (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH March 12 , 193 1 (Month) (Oey) (Yes	(p
5a. If married, widowed, or divorced HUSBAND-of (or) WIFE of Mr. Garks Jurks	22. J I HEREBY CERTIFY, That I ettended deceased. Jet 7. 1936. to Make 12. 19	/
6. DATE OF BIRTH (month, dev. and year)	Hast saw h QN elive on Mar. 12 1936 death	
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et 5:30 a.m.	
54 2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Were es follows: Oate of Ordered 3-/	
	coccus impocaco 3-1	1-26
work wes done, as SILK MILL, SAW MILL, BANK, etc	n 0 10 1 2 0 0	
SAW MILL, BANK, etc	10 Gurther informatione Suit Ba	
	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	& D . 1.1.	
	endocarditis .	
13. NAME 14. BIRTHPLACE (vity or town) (State or country)	Name of operation	
	What test confirmed diegnosis? O hya & Xau. Was there an autopsy?	M
15. MAIOEN NAME Clay of town)	23. If death was due to externel causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT To mil Salley (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL)	Menner of Injury	
Place _ acc 402 /	Nature of injury	
19. UNDERTAKER P. D. Paullings	24. Was disease or injury in eny wey related to occupation of deceased? 16 so, specify	
21 21 2011	(Signed) Williams & assured	M D
20. FILEO. 7/2, 193. 6. /(.TV! /((Address) East on ml.	_ NI. U.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were as Arteriosclerosis	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial neph	ritis APR 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 6 1930	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

3	9	6	5	
	~	U	O	

1. PLACE OF DEATH	
County Tulful	Registration Dist. No. 291
Village or City Waller	No. St. Ward
length of residence in city or town where death accurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsds.
	nosgs. now long in 0.3.11 of foreign birth?yrsmosds,
2. FULL NAME	*
(a) Residence: No. an known (Usuai place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	19 to 19
6. DATE OF BIRTH (month, day, and year)	1 last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 dey,h	The state of the data stated about, state and the state of the state o
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	A contental
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
10. Date deceased lest worked et this occupation (month and yeer) this occupation	
12. BIRTHPLACE (city or town) Zuckensen (State or country)	Other Contributory Causes of importance:
	- found www.choge 3/24/3,
E	- su cleaning true
4 14. BIRTHPLACE (city or town)	Name of operation Date of
15. MAIDEN NAME MAKENANA	What test confirmed diagnosis?
15. MAIDEN NAME MAKENOWN 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Cases of Selle In 2) (Address) willman Ind	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place It, Michaels Date Mul 22, 197	Mature of injury
19. UNDERTAKER Melonam & Harrison (Address) It michaeli Ind.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mich 22, 1936 John Howales Registrar.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registr	at, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

m

TION is very important.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į,	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 6 1930	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3269
1. PLACE OF DEATH	82-0 20
County Talkat	Registration Dish No. 290
Village or City & as lon md.	No. Brace Tyoysa, lay Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) 19 N. W. How long in U.S. if of foreign birth?
2. FULL NAME Mrs. Olive Willow	rod If U.S. Veteran specify WAR
(a) Residence: No. St. Michaels	1796, Ward. 204-
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	Il nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	21. DATE OF DEATH
Semale Willer OR DIVORCED (write the word)	March 1 ,1936
la. If married, widowed, or divorced HUSBAND of	tua (Month) (Dey) (Year)
(or) WIFE of John J. Willen	22. HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) \ . 185-9	I last saw h Listo alive on Man 1 1936; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date steted above, at 4.4.2.m.
76 8 26 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWIEN, DUONNEEPEN, etc.	Ce front 1
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	A ABAN
11. Total time (years) this occupation (months and year)	(*
12. BIRTHPLACE (city or town) Standards	Other Contributory Causes of Importance:
(State or country)	<u>W</u>
13. NAME Jesse J. Bloodsearth	19.
13. NAME esse J. Bloodsearth 14. BIRTHPLACE (city or town). Street Co.	Neme of operation Dete of
(State of vountry)	Whet test confirmed diagnosis?
	23. If death wes due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide of injury occur?
17. INFORMANT See St. Willew (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece 17. michaels Dete 3 1936	Manner of Injury
Ma. 10 Wassing	Nature of injury
19. UNDERTAKER (Marant & Charles) (Address) of michaels and	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 3/3 1936 N. St. Neisus	(Signed) M. M. D.
Registrar.	(Addiess) Coston Tuf

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.-Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	•	Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis .	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:	I CHEEK	
Gallstones	May 1,1923	Gastroenteritis	1 year	

A to the	STATE OF MARYLAND—	CERTIFICATE OF DEATH 3270
infor- state UPA.	1. PLACE OF DEATH	A (119)
should of	County Tallet "Ou	Registration Dist. No. 2 9
item shou	Village or City Easter R.D	No. Justane St., Ward
	(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Every CIANS ement	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds,
D. Every YSICIANS statement	2. FULL NAME Adule Viginia	Wilson
PHYSICIANS	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
Ct PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
REC. PH.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
E X	OR DIVORCED (write the word)	March 5 , 193 6
NG TI	5a. If married, widowed, or divorced	(Month) (Day) (Year)
BINDING PERMANEN EXACT	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
PERM EXA Iy class	D == .021=	, 19, 19, 19, 19, 19, 19, 19, 19
BI E E	6. DATE OF BIRTH (month, day, and year) 75. 28, 1935	I last saw harmon alive on 19 death is sald
FOR B IS A PH stated I properly	7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence
FOR IS A stated proper	l ormin.	were as follows:
70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc.	Decorate to the
VE	I A	The state of the s
K-T would may	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	method
RESERVED IG INK—THIS IGE should be that it may be		
REG I	year) occupation	Dther Contributory Causes of importance:
DING So the	12. BIRTHPLACE (city or town) 2 and town (State or country) 13. NAME Charles Rosson	
RGIN NFADI plied.	(State or country)	
Sul t	3 4 14. BIRTHPLACE (city or town) Coste T.).	Name of operation Date of
F 5 6		What test confirmed diagnosis? Was there an autopsy?
w W	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
H. Carr	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Id be can	State or country)	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
SEG	17. INFORMANT MCCO CO CAGO (Address)	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
PLAShould OF D	IS BURIAL CREMATION OR REMOVAL	Manner of injury
	Place & autou . P. Date 3/2 , 1936	Nature of injury
WRITE mation si	19. UNDERTAKER Potents	24. Was disease or injury in any way related to occupation of deceased?
1 8 0	19. UNDERTAKER (Address)	If so, specify
S. No.	21.	(Signed) D. St. Merries, deal togges
> Z	20. FILED 2	(Address) Q Alay Nad
6		2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- i	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BURRAU V. S.	- 1975)		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones 'š	May 1,1923	Gastroenteritis	1 yeor